

# **EXHIBIT 5a**

## **PART 1**

NSN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
5-4-06	1. I/M HERE AT MY REQUEST FOR MD TO EVALUATE		
1120	S/P LIPOMA EXCISION & WOUND PACKING (Iodoform)		
	0 IN NAD		
	ABD & 7-10 CM SURGICAL SITE INCISION HUG EDGES SLIGHTLY SEPARATED DISTAL + PROX.		
	IODOFORM CAUSE IN PLACE MILD TO MOD ERYTHEMA TENDER DRESSING & GREENISH DISCHARGE + ODOR		
	A S/P LIPOMA CYST EXCISION		
	P I/M ALSO SEEN BY DR BECKER.		
	IODOFORM CAUSE IS REMOVED		
	WOUND CLEANSED & H <sub>2</sub> O <sub>2</sub> + NS → MILD TO MODERATE BLEEDING AFTER BEING CLEANSED		
	DRESSING 4x4(2) 5x9 ABD PAD COMPRESSION DRSG. KEEP DRY + CLEAN		
	△ DRG DAILY - SUPPLIES GIVEN TO IM		
	RTC 7-10 DAYS FOR RECHECK		
	HAS FLU SURGICAL ADPT		
	CMT ANTIBIOTICS BACTAFIL DS + KEFLEX J. GERAGI PA/C		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
USA LEWISBURG			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10924052	

MOSHER, Donald L.

DOB 8/18/61

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

000001

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5-2-06

**CHRONIC CARE/SPECIALTY CLINIC(S): ID / PULMONARY**

1015

SUBJECTIVE: S/P LIPOMA REMOVAL LUQ 3-23-06 GERD

CONTINUES TO HAVE DRESSING △ AND INFLAMMATION ADVANCED

Present Medical Concerns:

clu RUL PAIN AND OCCASIONAL RHO PAIN

Medication Side Effects: NONE

Medication Compliance: - STATES NOT TAKE REGULARLY

Diet: Low FAT

Exercise: MINIMAL

Tobacco Usage: Ø

Base Line Studies

Next Annual Studies Due

CXR Present:

UA:

ECG Present:

Lipids:

Peak Flow Present:

Fundoscopic &amp; Tonometry:

Diagnostic Study Results Since Last Clinic Visit:

Consultant Reports Since Last Clinic Visit:

**OBJECTIVE:**

General Appearance: TALL MALE

Vital Signs:

B/P 125/80 P 78

Peak Flow 552 T 97°

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

000002

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924052

WARD NO.

MOSHIER, DONALD L  
DOB 8/18/61CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMER (41 CFR) 201-9.202-1

USP Lewisburg

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)	
	Skin: - DIFFUSE ACNE VULGARIS SCARING	
	HEENT Non Ecteric CONDUCTIVE NORMAL	
	Chest/Heart/Lungs: CO <sub>2</sub> REG RATE 2 M. LUNGS CLEAR TO A/P & L	
	Abdomen/GI: SOFT - MILDLY TENDER RUL LUG I ERYTHMATOUS 7-10CM SURGICAL EXCISION WHICH IS PACKED IN TOBIFORM GLOZE AND	
	Extremities: HAS SEPARATION AT DISTAL & PROX AREAS.	
	CNS: SP CHOLECYSTECTOMY SCAR RUL BS (+) GROSSLY INTACT	
	ASSESSMENT: (1) ASTHMA (2) ID HEP C (3) s/h LIPOMA EXCISION (4) GERD	
	PLAN:	
	Patient Education:	
	( ) Tobacco Cessation ( ) Low Fat/High Fiber Diet ( ) Walking	
	( ) Medication Compliance ( ) Monitoring Condition	
	DRESSING □ D - TOBIFORM ADVANCED	
	Diagnostic Studies:	
	( ) Viral Load ( ) EKG ( ) LFT's	
	( ) Lymphocyte Subset ( ) CXR ( ) Peak Flow	
	( ) CBC ( ) Lipids ( ) Other:	
	( ) SMA-24 ( ) UA	
	Consults:	
	Return To Clinic: 3 MONTHS	
	Medications:	
	(1) ALBUTEROL MDI IT PUFFS qID #1 x 5R	
	(2) RANITIDINE 150mg T PO BID * 60 x 5R	
	(3) NAPROXYN 500mg T PO BID x Four #60 x 5R	
	(4) CEDRALGIN 500mg TPO TID x 10 DAYS #30	
	(5) BACTRIAL D/S T po BID x 10 DAYS #20	
	(6) Will discuss w/ Mr. <i>Bauer</i> , <sup>PCP</sup> Chief Pharmacist, Oncology Surgeon P/H	
	<i>Ward C. Bauer, PCP</i> <i>Chief Pharmacist</i> <i>HSP Lewisburg</i>	
	<i>J. George M.D./ J. Geragi PAC</i>	
	000003	
	Dr. Anthony Bussanich, M.D.	

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/19/06 0930	<p>- Odor: S/w seen by Surgeon this AM for incised wound ✓, packed w/ iodine gauze to allow healing from inside-out.</p> <p>- A: Wound cavitation S/p liposuction —</p> <p>- P: Staff to pull out 1 inch/day and cut off slowly - redress, ref PRN if persists/worsens</p> <p>- GOD pull 1° here in urgent care.</p> <p style="text-align: right;">S. Coast - Y/Samuel Gosa PA-C</p>
4/21/06 0949	<p>Admin Note: wound was given 5 small moist &amp; soft sponges, dressing will be changed at 1/2 hr. of gauze removed in amounts, cleaned = "the strength there".</p> <p>Given on 4-23-06</p> <p style="text-align: right;"><u>Ward</u></p>
4/25/06 1150	<p>Admin note:</p> <p>Matters for dog. 1. No complications or complaints.</p> <p style="text-align: right;">B. Prince ENTP B. Prince ENTP B. Prince ENTP 04/25/2006</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
	10927-052	

USP LEWISBURG  
HEALTH SERVICES UNIT  
LEWISBURG, PA 17837

Mosher, David

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000004

000005

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/28/06 0943	Patient Seen by Optometrist. <i>Luis Ramirez</i> KAREN J. MCSEY ASHLEY L. MURRAY ASST
04/04/06 10821	S - 44% WM who had a S/p on 4/1/06 for the excision of an abdominal lipoma. Pt stated since yesterday morning he has been experiencing tenderness on the excision site and area is swollen.  O. Area referred is edematous and irritated tenderness when palpated. Area looks infected.  A. ① Rx of abdominal lipoma on 3/23/06 P. ① Cephalexin 500 mg tab P.O. QID X 10d. #40 ② Septra 250 mg tab P.O. BID X 10d. #20 ③ Bact/Polym oint. Apply over affected area BID #1 ④ pt. educ. (Warm compresses recommended. Tx and Rx use were explained. Pt. understood. F/u PRN. RTG PRN.)  <i>Luis Ramirez, P.A.</i> Luis Ramirez, P.A.
4/19/06	Admin note (Due to pt's request to remove the IUD was not seen will reschedule CCC visit.)  <i>D. Ball</i>
	B. Becker, M.D. UPSP Lewisburg

NBN 7840-00-034-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP
3-23-2006	Subjective: "I'm ok".
1341	Condition giving rise to community referral: 4 cm x 4 cm lipoma- LUQ of the abdomen. Procedures provided in the community: Excision of the lipoma.
	Complications: None
	Current symptoms and/or concerns: None
	Objective:
	Vital signs: deferred
	General appearance: Alert and oriented x 3
	Inspection of surgical site: Dermabond had been applied over the incision- no wound care needed.
	Assessment: S/P excision of abdominal wall lipoma
	Plan:
	Follow-up with staff physician scheduled: no
	Paperwork for follow-up with consultant submitted: yes
	Paperwork for follow-up diagnostic studies submitted: no
	Pain intensity: level=1
	Convalescence/work restriction: quarters today
	Wound care: None needed. The patient is instructed to alert Health Services if increased redness, swelling, pain, or pus formation develops- he understands.
	Medications: Tylenol prn- the patient declines due to history of chronic hepatitis C- will use Naproxen if he already has prn.
	B. Becker, M.D. USP Lewisburg
	F/u in the April surgical clinic.

## HOSPITAL OR MEDICAL FACILITY

## STATUS

## DEPART./SERVICE

## RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

William A. Bogler, PA-C

Physician Assistant

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Moshier, Donald 10924-052

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

000007

STANDARD FORM 600 (REV. 6-87)

Prescribed by GSA/ICMR

FIRM 1 CFR) 201-9.202-1

FED LVN

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
03/09/06	S. 44% WM w/ a hx of S/p removal of gallbladder.			
09/30	(cholecistectomy). April 2005 - Hx. of Hep C; Hep B. Hx. of appendectomy in 98-99 (doesn't remember). Hx. venous insufficiency; Hx. of GERD. Hx. of B. Asthma. Hx. of LBP & <sup>2<sup>nd</sup></sup> to a MVA in 1989. NKDA. Currently on Albuterol inhaler, Ranitidine and Naproxen. Pt referred that yesterday, at work, he was lifting something heavy and then was that the pain on right abdominal area (liver side) started. He stated he doesn't feel it internally but more superficial, that increases when he breathes in.			
	O: 1/5 BP 145/89 mmHg; P: 80/min; RR 18/min; T: 97.0°F; wt. 282 lbs.; ht. 6'0".			
	Tenderness when right upper quadrant was palpated just on top of scar he has on that area (Hx. of cholecystectomy).			
	A. O Muscle strain RUQ vs. liver problem. 2 <sup>nd</sup> to his Hep C or Hep B history.			
	P. O Dicyclomine 20mg 2cc IM given stat.			
	O Dicyclomine 20mg / tab PO TID x 7 d. #15			
	Lab. Liver and Lipid profile ordered today.			
HOSPITAL OR MEDICAL FACILITY <i>Harrisburg City Hospital</i> USP LEWISBURG		STATUS <i>CONTR</i>	DEPART. SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME HEALTH SERVICES UNIT LEWISBURG, PA 17837		SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

Moshier, Donald  
DOB: 08/18/1961

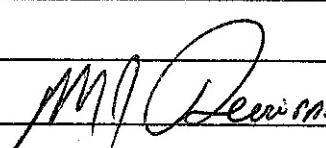
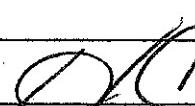
CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record 000008  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
MR (41 CFR) 201-9.202-1

USP LVN

000009

NSN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
06/21/2006	ADMIN NOTE:			
07/28	Rx ① ALGIN NAPROXEN # 175274 ② ALGIN ALBUTEROL # 177207			
SUN	 Mark Peoria, PA-C			
				
10/21/2006	ADMIN NOTE			
07/2	Rx ALGIN NAPIDONE # 175276			
	 Harold Cozza, RPH Chief Pharmacist USP Lewisburg			
10/21/2006	CHRONIC CARE CLINIC (INFLCT DIS + PULMONARY)			
11/3/2	SI. 44 YRS % SNORING UP NOSE & HA AT NIGHT. ② LM FEELS LIKE			
SUN 01/6	THERE IS A Pimple IN THERE. USES NAPROXEN FOR NECK & BACK USES NAPIDONE FOR HEART BURN & REFLUX. ALSO ON DOXYCYCLINE + ALBUTEROL SEE PLOW SIGN.			
	O. ALCYL + AMBALASTYL. W/L. W/N. W/H. IN NAD. NO MCS, TREATMENTS CULTIV. ON OBVIOUS ABNORMALITIES			
	V.SI T-97.9° F, P-73, BP 145/75 L/H, WT. 270.25 LBS.			
(LUNARILLO)	EYES: ② EAC - much DEDMS, TM NOT VISUALIZED. A.O. - CLEAR EAC =			
HOSPITAL OR MEDICAL FACILITY USP LEWISBURG HEALTH SERVICES UNIT LEWISBURG, PA 17837	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000010	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

MOSHIER, DONALD

REGISTER NO.  
10924-052

WARD NO.

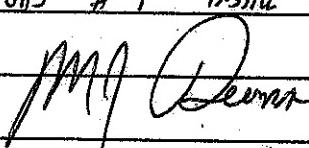
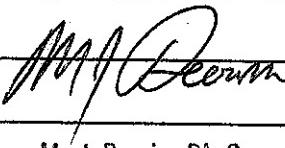
AUG 1961

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/20/06 (continued)	O: NORMAL LABORATORIES, TM INTACT LUNGS: CTA CXR: RETURN RATE. NORMAL S, FOLLOWED BY NORMAL S <sub>2</sub> , NO S <sub>3</sub> , S <sub>4</sub> ON (pm) ABD: OSCE. NORMAL SOUNDS SOFT, NON-TENDER, NO PARENTOID MASSES OR ENLARGEMENT. PULM EXAM X2 TO RESTAURANTS LASS: NO NEW VALUES
SUN 01/6	A: CHRONIC HCV BRONCHIAL ASTHMA, STEP 2 EXTREMELY ODDS A.S. LIPOMA
	P: PENDANT EXCISION OF LIPOMA, WILL OPEN HCV VENAL CORD. PLN IN 16 WKS, CONSIDER WITHD STEROID AT NEXT VISIT.
1/6	Rx ① AZTENOL 40 MG #17 GMS IT PUPS QID PMX3 ② RIVAROXAPRIL 150 MG #30 IT PO BID NEPIL X07 ③ MAPROFOL 500 MG #30 IT PO BID NEPIL X07 ④ CLOSTRIDIN ONE ODS # IT INSULU IV ODS A.S. FID NO NEPIL
Mark Peoria, PA-C	
01/06/06	ADMIN NOTE:
0834	RESULTS OF HCV RNA UND COLLECTED 10/20/06: 782, 926 u/mL
SUN 01/6	WILL NOTIFY PATIENT IN WRITING
	
	Mark Peoria, PA-C
	000011

NBN 7840-00-634-4176

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## MEDICAL RECORD

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/13/05	admin note: I have received 33 pages of record - all records from Bradford medical Center.		
14/30			
14/12/2005	ADMIN NOTE: Jeffrey Minor, RPH Contract Pharmacist M J. Minor		
07/22	Rx ① REFL NARITDINE #175276		
SIN	② REFL NNNOXEN #175274 Mark Peoria, PA-C		
12/23/05	Patient Seen by Optometrist KAREN J. MASSER		
12/25	ADMINISTRATIVE ASST		
27/01/2005	ADMIN Note:		
08/13	REQUEST REFL OF NARITDINE + NNNOXEN. BURN NOTICE 19002005		
SIN	Rx REFL NNNOXEN #175274 M J. Minor		
	Harold Cozza, RPH Chief Pharmacist USP Lewisburg		
03/01/2006	ADMIN NOTE:		
07/12	SIN sic cut-out, no date. I PUT IN TWO REFILLS 10/26/05 AND I		
SIN 01/4	ONLY GOT ONE BACK, MY NARITDINE WHICH HAD 9 REFILLS LEFT I		
	DIDN'T GET BACK, AND I REALLY NEED IT. CAN YOU PLEASE SEND IT		
(CONTINUED)	TO ME. I HAVE WRITTEN A COP-OUT TO DR. BUSSANICH TELLING HIM		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000012
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10934-052	

USP LEWISBURG  
Health Services Unit  
Lewisburg, PA 17837

Moshier, Donald

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
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FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03 JUN 2006 <i>(CONTINUED)</i>	THAT I NEED IT AND THAT IT NEVER COME BACK FROM <i>PRE</i> I AM HAVING " NICKA SEE NOTE 27 JUN 2005.
SUN 014 <i>Joseph Zagaria, RPH, AHS, USP Leadership BS</i>	RENEW PRESCRIPTION # 157 175 276 <i>MJL</i> <i>Leerma-c</i> Mark Peoria, PA-C
05 JUN 2006 0949	S: 44 years P: 0/0 SMOKE ON CIG X 2 WKS BUT ONLY SMOKED 2 DAYS AGO. NOT AS BAD TODAY. DENTAL INJURY ON ANTERIOR DISTAL SUN 014 <i>(R) SMOKING ALSO HAS LUMP ON (L) ANTERIOR MOUTH JUST INDUCED TO 10 TH FING IN MCL. SMALL BURNS OUT IN BOILS. NICKA IS KILLING HIM. STAFF NEED. WANTS PLEAS ON AMAROXEN, PANTHENOL, &amp; DEXACENE. NICKA ADVISED TO TAKE. PRMT: HCV. LIPOMAS. WANTS TO SEE DR.</i>
O:	Alert + Ambulatory w/o. wh. w/ll. IN MHD. NO PCS, THROMBOS, COUGH, ON OBVIOUS ABNORMALITIES LUMPS ON (L) ANTERIOR CHEST + (R) ANTERIOR MOUTH NOT APPENDED TODAY.
	SKIN: CYSTIC ACNE VULGARIS
	X-RAYS: DEGENERATIVE DISC DZ C5-6
A:	DEGENERATIVE DISC DZ C5-6 CYSTIC ACNE VULGARIS LIPOMAS
P:	INMATE TO REQUEST TO MD. DRAZONOFF SHAMPOO FROM COMMISSARY I DO NOT AUTHORIZE OR ISSUE PLEAS IN SUN. PLU ON CHRONIC CARE CLINIC
	<i>Rx</i> DEXACENE 100 MG #60 IT GO 9 AM NO REFILL.
	<i>MJL</i> <i>Leerma-c</i> 000013
	Mark Peoria, PA-C

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11-18-2005 1349	ADMIN NOTE: SEEN BY DR. MOTTO IN SURGICAL CLINIC. DX-1. 4X4 CM LIPOMA IN LUQ 2. IRRITATED BLEEDING HEMORRHOIDS RX- SCHEDULE FOR EXCISION IN SURGICENTER UNDER LOCAL ANESTHESIA HEMORRHOIDAL SUPPOSITORIES WITH HC ONE PR TID # 1 BOX 1 RF
	<i>B. Bogler</i>
	William A. Bogler, PA-C Physician Assistant
	<i>B. Beckerman</i>
	11-23-05
11/28/05 0650	S: Refill of Medication/s for <i>as needed</i> O: Stable. Vital signs. BP: _____ PR: _____ A: <i>Acetaminophen</i> P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.
	<i>100 mg Naproxen 500 mg t BID #20</i>
	<i>100 mg Doxycycline 100 mg t QD #60</i>
	<i>100 mg Lamotrigine 150 mg t BID #60</i>
	<i>Ivan Navarro, PA</i> USP Lewisburg
	<i>JJ</i>
	<i>Harold Cozzani, RPH</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

MOSHIER, DONALD 10924-052

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

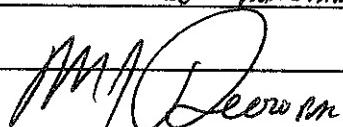
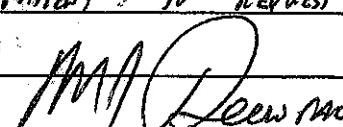
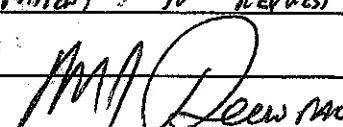
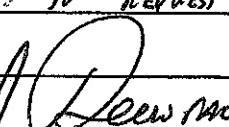
USP Lewisburg  
CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

000014

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
30NOV2005	<p>AMIN NOTE:</p> <p>0738 SIN SL COP-OUT DATED 29NOV2005 REQUESTS NEbul ABUTEROL</p> <p>SHU 010 INHALER ALBUTEROL ANTACID NAPROXEN ACETYL CYCLIC WAS IN MY PROPERTY MY EYES ARE REALLY BLUNNY AND GUTTER WORSE A COUPLE OF MONTHS" PMA: ASSTIMA HEPATIS ULCER ALERGY: "ONLY ALL" "PLUS I NEED SOME BANDAIDS. COP-OUT TO HIS MOTHER FOR OPMW APPT.</p> <p>Rx ① NEbul ALBUTEROL #173165 WILL ISSUE LG BANDAIDS</p> <p>② REFILL NAPROXEN #173166</p> <p>③ REFILL RANITIDINE #173164</p>
	 Mark Peoria, PA-C
	 Jeffrey Minor, RPH Contract Pharmacist
05OCT2005	<p>AMIN NOTE:</p> <p>0809 SIN SL COP-OUT DATED 07OCT2005. "MY EYES EVERYTHING IS BLUNNY ALL THE TIME ABOUT 2 MONTHS &amp; JUST STARTED GETTING WORSE" MEDS: RANITIDINE, DOXYCYCLINE, NAPROXEN, ALBUTEROL</p> <p>PMA: "ASSTIMA, HEPATIS, ULCER, NO POSSIBLE DIABETES, HIGH BLOOD PRESSURE" NKOB. WILL INSTRUCT PATIENT TO REQUEST OPMW EXAM, LWT BORN JUN 2004.</p>
08OCT2005	 Mark Peoria, PA-C
0759	<p>Rx ① REFILL NAPROXEN #175274</p> <p>② REFILL RANITIDINE</p>
SHU	Jeffrey Minor, RPH Contract Pharmacist
	 Mark Peoria, PA-C

000015

AN 7540-00-834-4176

**AUTHORIZED FOR LOCA**

## **MEDICAL RECORD**

## **CHRONOLOGICAL RECORD OF MEDICAL CARE**

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
DR. JAMES H. HARRIS, JR., M.D.	REGISTRATION NO. 100-123456789	EXPIRATION DATE 12/31/2024	MAILING ADDRESS 1234 Main Street, Anytown, USA 12345

**PATIENT'S IDENTIFICATION:** (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

**REGISTER NO.**

10924 - 052

**WARD NO.**

U.S. LEWISBURG  
Health Services Unit  
Lewisburg, PA 17837

MOSHIER, Donald

Aug 1961

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
**Medical Record** **000016**

## **Medical Record**

000016

**STANDARD FORM 600 (REV. 6-97)**  
Prescribed by GSA/ICMR  
FIRMR /41 CFR/ 201-9 202-1

USP LVN

**STANDARD FORM 600 (REV. 6-97) BAC**

000-634-4176

AUTHORIZED FOR LOCAL

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPOTNS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each section)
	<b>CHRONIC CARE/SPECIALTY CLINIC(S):</b> INFLU. Dyn. PULMONARY
10.14.05	<b>SUBJECTIVE:</b> Present Medical Concerns: 093 was started on Peg Interferon 2a received approx 22 injections. Then developed generalized cholestatic hepatitis emergent surgery at Bradford Hosp, Bradford PA Medication Side Effects: No asthma diagnosed recently
	Medication Efficacy: Yes
	Medication Compliance: Yes
	Diet: low fat
	Exercise: Yes
	Tobacco Usage: Yes   1 pack   2 days
	Recent Consultations/Studies: HCV genotype 3b ASPARTATE AMINOTRANSFERASE 51 ALAT 64
	<b>OBJECTIVE:</b>
	General Appearance: good / not in acute distress
	Vital Signs: WT = 278 BP: 115 (92) → 154/81 HR: 80 peakflow 550

## HOSPITAL OR MEDICAL FACILITY

## STATUS

## DEPART./SERVICE

## RECORDS MAINTAINED AT

## SPONSOR'S NAME

## SSN/ID NO.

## RELATIONSHIP TO SPONSOR

000018

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

USP Lewisburg  
Health Services Unit  
Lewisburg, PA 17837

Wesley DAWNS

DOB: 08-18-1961

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-87)  
Prescribed by GSA/ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION? (Sign each entry)
02/05/05 08/3	<p>Skin: evidence of prior acne vulgaris HEENT: anterior rhinorrhea</p> <p>Chest/Lungs: No wheezing</p> <p>Heart: S1S2 MRD GS3 OS4</p> <p>Abdomen: SCAP RUQ</p> <p>GU: deferred</p> <p>Extremities: no edema      <input checked="" type="checkbox"/> Hemorrhoids</p> <p>CNS: ANO X3      <input checked="" type="checkbox"/> Hepatitis      <input checked="" type="checkbox"/> LUS mass</p> <p><b>Assessment:</b> <input checked="" type="checkbox"/> Hepatitis      <input checked="" type="checkbox"/> LUS mass      <input checked="" type="checkbox"/> Hemorrhoids</p> <p><b>Plan:</b></p> <p>Patient Education: weight loss</p> <p>Diagnostic Studies: HCV RNA Viral Load      <input checked="" type="checkbox"/> G6PD test      <input checked="" type="checkbox"/> Ultrasound</p> <p>Consults: <input checked="" type="checkbox"/> GI      <input checked="" type="checkbox"/> Gastroenterologist</p> <p>Return to Clinic: (3) month visit 4 weeks to ✓ BP</p> <p>Medications:</p> <ul style="list-style-type: none"> <li>(1) Ranitidine 150mg <input checked="" type="checkbox"/> PO (BID) (max)</li> <li>(1) \$120 X 2 (PO)</li> <li>(1) Domperidone 10mg <input checked="" type="checkbox"/> po daily # 14 days</li> <li>(1) Naseed 20mg <input checked="" type="checkbox"/> po (BID) # 80 days</li> <li>(1) Doxycycline 100mg <input checked="" type="checkbox"/> po daily # 14 days</li> </ul> <p><i>Discontinued 1/9</i> Anthony Russo 000019</p>

**NSN 7540-00-634-4176**

AUTHORIZED FOR LOCAL REPRODUCTION

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

**PATIENT'S IDENTIFICATION:** (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.  
10924-032

WARD NO.

Mosinen, Donald

## **CHRONOLOGICAL RECORD OF MEDICAL CARE**

## **Medical Record**

**STANDARD FORM 600**  
Prescribed by GSA/ICMR  
GIRM (41 CFR) 201-9 202-1

000020  
USPLVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/2/05 0235	<p>S: Refill of Medication/s for LMP (1) chronic constipation (2) others by heartburn.</p> <p>O: Stable, Vital signs: BP: PR:</p> <p>A: See (S)</p> <p>P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.</p> <p>(1) Ranitidine 150 t BID #60      (2) Naproxen 500 t BID #28      (3) Dexzenclor 100 t BID #60      (4) Albuterol Inhaler t/puff QID #1</p> <p><i>Ivan Navarro</i>      Ivan Navarro, PA      USP Lewisburg</p> <p><i>Clinic, Cerritos, RPA</i>      SP Lewisburg</p>

000021

NSN 7540-00-034-6176

AUTHORIZED FOR LOCAL RF

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/25/03	<p>5-07 4446 S in ch pain not in bne            1010 on C arm not injr when run his neck +            SL heat to rt lft side. Pt c he f car accident            many years ago - pd c he Hep C and            gouty hq diabetes. pd c h qd of            Chm's aphtic tcs. And palpable suge on            April 2005. pd indirect ss show locally + chm 3rd            ① Ambulatory number x3 &amp; above bkg            SL h. mid right scan on back arm and            chest of aphtic ulcer. few of the            are red and inflam at the top            Exbr: number of ② thumb inter and middle finger            &amp; ③ lateral margin of neck.            VS: BP 120/80 HR 63 Temp 97.8° wt 265            moist &amp; few of exbrm suge ④            AC Newpally            ① Post trans cutt.            ② 1/4 y dicker            ③ SW 2+, AIC, C-spn x-ray.            ④ Ramiflto 150 + BID \$60            ⑤ Doxycyclin 100 + BID \$60            ⑥ Naproxen 500 + BID \$60         </p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	USP Navajo, PA USP Lewisburg	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10924 - 052	

Moshier, Donald

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRMR (41 CFR) 201-9.202-1

000022



NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-17-05	Admin note:
0937	M requests medication for chronic back + head pain. Rx: ① Acetaminophen 324mg po q 4-6 hrs pm #24.
	<i>Bogler, PA</i> Beverly Prince, EMT Paramedic USP Lewisburg
6/20/05	S: Refill of Medication/s for ① GEM ② LMD ③ Cyt Amt ④ Asthos. O: Stable, Vital signs: BP: _____ PR: _____ A: see S: P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.
	<i>Ivan Navarro, PA</i> Ivan Navarro, PA USP Lewisburg
	(1) Ramiflato 150 t BID #60 (2) Dapsycyclin 100 t BID #60 (3) Albuterol Inhaler t Dose SID #1 (4) Neprin 220 t BID #60

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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10924-052

*Moshier, Donald*CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1USP  
1511

000024

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0800 7/28/5	<p>3: Pt c/o ulceration on toe &amp; cystic acne on hands, Dyspepsia</p> <p>O: Alert, oriented, NAD. Tethered, scarred back with numerous postules. Ulceration, open wound on left hallex.</p> <p>A: Cystic Acne, ulceration on toe, Dyspepsia.</p> <p>P: Pt ED not required.</p> <p>RTG PRN.</p> <p>Bacitracin Ointment bid #1</p> <p>Ranitidine 150 mg bid #60, 2RF</p> <p>Doxycycline 100 mg bid, #60, 2RF</p> <p><i>H/GZ</i></p> <p>Harold Gozza, RPH Chief Pharmacist USP [Levisting!!?]</p> <p>Paul Clements, Jr., PA-C Commander, US PHS</p> <p>1: 100% of the pharmaceuticals were (248) 2: 100% of the pharmaceuticals were (248)</p> <p style="text-align: center;">X</p>

IN 7 NSIT CDFRM

MEDICAL SUMMARY OF FEDERAL PRISONER/A

**FEDERAL BUREAU OF PRISON.**

99 DEPARTMENT OF JUSTICE

Clearance Yes	<input checked="" type="checkbox"/>	No
PPD Completed:	7-1-04	
	Date	
Results:	OXO mm	
CXR Completed:	_____	
Results:	_____	
Health Authority	_____	
Clearance:	OK	
Sign	on 6/14/05	
Note: Dates listed above must be within one year of this transfer.		

Name <u>Moshier Donald</u>	Prisoner/Alien Rec # <u>10424-052</u>	D.B.I. <u>8/8/61</u>
Departed From <u>McKean</u>	Date Departed <u>6-16-05</u>	
Destination <u>Lew</u>	Reason for Transfer <u>Non Medical</u>	
Dist. Name	Dist. #	Date in Custody <u>-/-/-</u>

Note:  
Dates listed above must be within  
one year of this transfer.

Additional Comments - Blood and Body Fluid Precautions  
Do not touch eyes until red

Continue meds until red staff evaluation

Special Needs Affecting Transportation			
Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state reason	
Does prisoner require any medical equipment while in transport status?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what equipment?	
Sign and Print Name <u>John M. Olson, MD</u> Certifying Health Authority <u>DR</u>		Phone Number	Date Signed <u>6/14/05</u>
Health Record (Top page Position one); Copy - Transferring Institution			

Sign and Print Name Certifying Health Authority

Phone Number

Date | Signed

Sign and Print  
D. Olson, MD  
Record Medical Director  
Trans

Print Name J. S. D. MD Director Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution  
Replaces BP-S659 of M  
SOMILAR TO (USM 553)

Replaces BP-S659 of Mar

Chas.  
USR Lewisburg

Inmate Received, this date 10/16/05.

Medical History Reviewed

Evidence of lice

Yes  No

Suicidal Thoughts

Yes  No

Recent Assault, Trauma or Abuse

Yes  No

Signs and Symptoms of Infect Dse

Yes  No

Allergies to Medications

Yes  No

Medications

Yes  No

Lactulose, Albuterol +  
Zantac issued.

Bf Prince

Beverly Prince, EMT-P

000027

10-00-834-4176

ICAL RECORD

DATE

AUTHORIZED FOR

## CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/7/05

g

Chels back Post op BP 9/13/05

3/7

1

feels fine  
Hb wgt 249 BP 110/70 P80

0

ditch heartburn Abd wallches rascay  
Pain - awaiting - off Pog & Rib by

3/14

1

Want to see Dr. Holt  
(he feels a lump in a wheel I think is ribs)

4

Splenomegaly post op Chole 0% bilirubin  
Tx. Hyc - Sunday legs

P) Rx'd Meds appt

Tylmol 500mg i po bid #28 RF 6  
Cet alone 15ml Bid #1 with RF 8

Betadine 2000mg bid #1 RF 3

Dacitracin one bid #1 RF 3

awant lab

CB n/mo

W

Reviewed By:  
V. Geza, PharmDH. Beam, MD  
FCI McLean

OSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

000028

WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)REGISTER NO.  
10924-052

Medical Record

CHRONOLOGICAL RECORD OF MEDICAL CARE  
STANDARD FORM 600 (REV. 6-97)  
GSA/ICMR

Filed 10/12/2007 Page 30 of 54  
IT TREATING ORGANIZATION (Sign each entry)

LEX. Printed on Recycled Paper

**STANDARD FORM 600 (REV. 6-97) B/**

000029

MEDICAL HISTORY		CHRONOLOGICAL RECORD		MEDICAL CARE	
DATE	SYMPTOMS, DIS.	SIS. TREATMENT	TREATING DR.	ACTION (Sign each entry)	
	<u>CLINIC(S):</u> ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrinics ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other:				
	<u>Postcholectomy</u>		<u>Hyp C Asthma</u>		
	<u>SUBJECTIVE: (Chief Complaint) (4/19/07)</u>				<u>Med</u>
15105	<u>stomach, scant abd pain</u>				
1320	<u>post interferon/ribavirin Tx - received 25 wks</u>		<u>though 11 wks at full</u>		
	<u>Med. Compliance:</u>		<u>slow down</u>		
	<u>OBJECTIVE: (Review System) Age: 43</u>		<u>SO2%: Peak Flow:</u>		
	B/P: <u>110/80</u>	P: <u>70</u>	Wt: .	T: .	R/R: .
	HEENT: <u>OK</u>			<u>Last Op / Opt. Eval.: -</u>	
	Heart: <u>OK</u>			<u>Diabetic ft Screen Test: 10</u>	
	Lungs: <u>OK</u>			<u>Screen Test: 4</u>	
	Abdomen: <u>Abd soft, BSQ</u>			<u>530</u>	<u>10</u>
	Genital / Rectal: <u>Healing R/U Q Scar</u>			<u>550</u>	<u>4</u>
	Extremities: <u>Staples removed</u>			<u>600</u>	<u>7</u>
	Neuro: .				
	Recent Lab Results: <u>Biurnal Fasting - very ill</u>				
	ASSESSMENT(S): <u>chronically fatigued dys</u>				
	<u>DSM IV Classification</u>				
	Axis I: .		Axis IV: .		
	Axis II: .		Axis V: GAF Score: .		
	Axis III: <u>Satisfactory post op cholectomy</u>				<u>OK profile stable</u>
	Preventive Care: <u>off PEG, RT/RI tx</u>		Exercise: .		
	Tobacco Use: .		Medication Side Effects: .		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAIN
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	
		000030	

PATIENT'S IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or ISBN; Sex; Date of Birth; Rank / Grade)

Donald Martineau

REGISTER NO.	WARD NO.
<u>10924-05</u>	<u>C</u>

CHRONOLOGICAL RECORD OF MEDICAL  
Medical Record  
STAN ED FORM 600 (REV. 8/87)

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION									Sign each entry)	
Pain Level:	1	2	3	4	5	6	7	8	9	10
PLAN:	<i>Hartglove</i>									
Patient Education:	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.									
Diagnostic Studies:	<input checked="" type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input checked="" type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input checked="" type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input checked="" type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:									
Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:									
Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:									
Return to Clinic for routine Follow-Up on:	3 Wks <i>d/d stroke</i>									
Treatments(s):	<i>Heralmed</i>									
	<i>Wbj</i>									

N 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	<i>Adm - She novely</i>
1/29/05	5) C/neck/shoulder pain S. Sore Throat (CT Tube) 8 looks in mid-mod pain urine - healthy w/eff
	At 1100x #10 SP cholectectomy is not thru - measured per
	P1 Read - med refills CB for staples out next wk
	Ref. N Tylenol #3 1/2 tab #5 day
	DEA# BF1879800-002
	<i>H. BEAM, MB FCI MCKEAN</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKeon
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. <i>10924-052</i>
			WARD NO. <i>10924-052</i>

*Donald Morris*

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000032

000033

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4/27/05

Check in back from hospital -

4/27/05

43 yrs

5) SP Cholecystectomy on 4/19/05 for what proved to be a gangrenous gallbladder. Handline well - is eating; c/o slight diarrhea 3-4 times a day. Jim w/ Sodsyn for duration of stay

8) Look a little pale -

T 96<sup>5</sup>

clear skin heart rate

BP 130/80

Abd r/r Q incision healing P 70  
well and painlessly -

(much less than on 4/18 at hospital admission)

last were 150 approx (on cholecystectomy)  
which is typical now,

C diff rendering; as is Hgb C V. all blood

1) POD #8 SP Cholecystectomy 4/19/05

for gangrenous gall bladder

2) Drain head 20 ABX

3) Hgb c - Tx surgery

ABG 103%

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED

FCI Males

SPONSOR'S NAME

4) AFMAG

SSN/ID NO.

RELATIONSHIP TO SPONSOR

H. BEAMON  
FCI MCNEANPATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.  
10924-052

Donald Mashier

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000034

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/29/05 1430	<p>Pred. call for amoxicillin for pain, fever</p> <ul style="list-style-type: none"> <li>Lactobacillus → cap t/d #6 RPD from Hops.</li> <li>Tylenol 500mg → po Bid #28 RR 2</li> <li>Tylenol #3 → po Bid for pain #3 day</li> </ul> <p>DEA# BF1879800-002</p> <p><i>"pred"</i></p> <p>Allitretin 100mg po t Nbeam Hold 9/27/05 Bacitracen oint bid #1 RR 2 1445</p> <p>Betamethasone oint bid #1 RR 2 Only</p> <p>Hydrocortisone 1% cream bid #1 RR 2 face</p> <p>Banitidil 150mg po BID #1 RF 12 after 2 weeks - persistent</p> <p>✓ Lactobacillus</p> <p>✓ Lactulose 1500mg bid #1 RF 2</p> <p>CB TWC - <i>9/20/05</i> - Stapleout n/wc <i>NB 02</i></p> <p>Reviewed by: V. Geza, PharmD</p> <p>H. BEAM, MD FCI MCKEAN</p> <p>000035</p>

NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## DATE

## SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4/22/05

Admin Note

0800

I visited inmate in hosp, doing OK, no B in chair  
 V/S S, (1/1) abd "bloated", abd. distended some,  
 on liquid diet, inmate is in Room 446 (Regulation room)

*J. Fleming MD*  
 Clinical Director

4/23/05

Admin note.

1100

I/P stable, staff stated that he  
 will be re-eval on 4/25 for poss. D/C

*J. Fleming, EMT-P*  
*FCI McKean*

4/24/05

Admin note

1100

I/P stable, drainage tube removed from  
 I/P, re-eval on 4/25

*J. Fleming, EMT-P*  
*FCI McKean*

4/25/05

1445

Admin:

eating; on IV ABX - looking stable

*J. M. S.*  
 FAM SP  
 CKEAN

## HOSPITAL OR MEDICAL FACILITY

## STATUS

## DEPART./SERVICE

## RECORDS MAINTAINED AT

FCI McKean

## SPONSOR'S NAME

## SSN/ID NO.

## RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
 Date of Birth; Rank/Grade.)

## REGISTER NO.

16924-052

## WARD NO.

*Moshier, Donald*

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1

000036



NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE E. 446 -		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/18/05 1645	<p>Adm - Scalled - You at 10pm -  Dr Graham will be by immediately</p> <p style="text-align: right;">H.B.</p>		
	<p>H. BEAM, MD  FCI MCKEAN</p>		
	<p>Adm</p>		
4/19/05 1120	<p>He will be taken to surgery later this afternoon</p> <p style="text-align: right;">H.M.</p>		
	<p>H. BEAM, MD  FCI MCKEAN</p>		
4/19/05 1600	<p><u>Adm</u> - Dr Graham called  gangrenous gallbladder  open procedure successful  High mortality rate in a (50% <sup>44%</sup>)  cirrhotic with hepatitis C. He will  be in Hospital 7 to 10 days or  a conservative estimate.  I will feel Mr Robare</p> <p style="text-align: right;">H.B.</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI MCKEAN
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. <b>10924-052</b> WARD NO. <b>W</b>

Donald Meshier

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1**000038**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
4/20/05 0920	Adm - I spoke to Graham - I'm doing well so far - <i>[Signature]</i>	
4/20/05 1300	Reviewed By: V. Geza, Pharm D	H. BEAM, MD FCI MCKEAN
4/21/05 0700	Adm Note Visited the inmate in the hospital, he is alert & talking, moderate post-op pain, no vomiting good urine output, V/S S, found UTI also, on strong IV analgesics, fluids, doing OK so far	D. Olson, MD Clinical Director

000039

BN 7540-00-834-4178

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## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

Adm - Discovered Dr Anderson  
 4/15/05 Thickened TB wall no stones -  
 1245H best explanation of pain is  
 calculous cholecystitis -  
 upper endoscopy (-) for lesions, no varices  
 1/ my symptoms & will  
 return to FCI tomorrow

*HMB**H. BEAM, MD*  
*FCI MCKEAN*

04/16/05 Admin Note: Contacted KCH in regards of inmate's condition, spoke  
 09<sup>20</sup> hrs. w/ Dr. Anderson he stated the inmate was doing fine; he didn't see  
 or note <sup>error</sup> anything on CT or ultra sound; did have IV antibiotics;  
 (-) changes on CBC's or EKG's; Inmate would be returning to FCI  
 today and still waiting for Radiologist report to be finalized.

Reviewed by D. Olson, MD  
 Date: 4/18/05

*B. Douthit EMT-P*  
*B. Douthit, EMT-P*  
*FCI McKean*

04/16/05 Inmate @ FCI w/o any complaints.  
 1300 *B. Douthit EMT-P* *B. Douthit, EMT-P*  
*FCI McKean*

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	Reviewed by D. Olson, MD SSN/ID NO. Date: 4/18/05	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		<i>10929-052</i>	

*Donald Mosher*

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000040

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/18/05 090	<p><i>Scalculous Cholelithiasis</i></p> <p>Adam See Kane Hoop Sheet</p> <p>Augmentin 500 mg ivx 2 &amp; 50</p> <p>RE5</p> <p>Reviewed By: V. Geza, PharmD</p> <p><i>JK</i></p> <p><i>MKB</i></p>
4/18/05 1000y	<p><i>Flu Hospitalizaly</i></p> <p>S1 hi feeling much worse now return to feodity and Sp accelerated yesterday am</p> <p>Dx was <i>Scalculous Cholelithiasis</i></p> <p>⑨ Adams may TG 86 clintecli BP 130/80 green eyes P 88</p> <p>Abs tenderness per heeding test very (+)</p> <p>Disuncel &amp; Dr Graham</p> <p>⑩ <i>Scalculous Cholelithiasis w/</i> <i>peritoneal signs</i> Hope; on anteflex Robt. Immunosuprod.</p> <p>P) Presl - "We'll take care of you!" Transfer to Bradford Hosp under care of Dr Haleson</p> <p><i>MKB</i></p>
	<p><i>TEAM, MD</i> <i>OT MCKEAN</i></p>

N8N 7640-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/14/08	81 Severe headache Pt A80 w/ T3 48hr of severe left swelling epigastric pain - vomited x1 no fever but feels chilled
8/15/08	On Pex I, R/Ga WBC 1800 ANC 882 Ht 38.5 BP 120/80
8/16/08	82 Look mostly asymptomatic Dull tender in epigastrium T98.4 Abd palpation - BSA no ovarian swelling or fluid dull liver hepatomegaly Neuro - NC & Symmetric
8/17/08	A) Epigastric tenderness ; On Pex I, R/Ga for HPC and domino appendectomy
8/18/08	P1 Pfed - w/u TD follow TD Kane En for bloodwork & w/u I called to alert

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
Planned care units	On Hold	None	ECH McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
	10924-052	

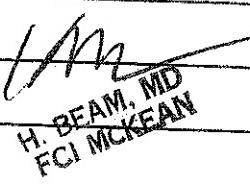
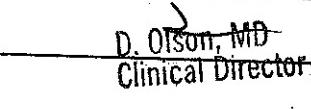
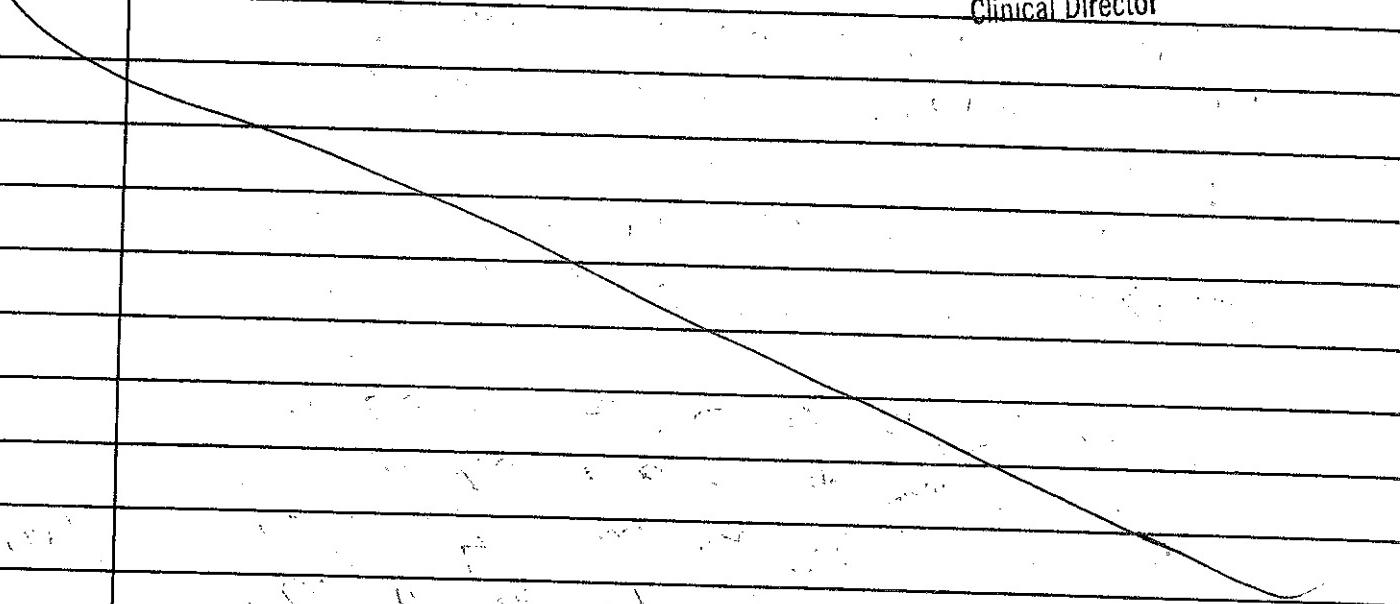
Donald Morrison

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000042

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/19/05 1630G	Adm - Scalled GR@Kean I'm in ultrasound  H. BEAM, MD FCI MCKEAN
4/13/05 0700	Adm H/H I'm still doing OK, had ultrasound yesterday → ? GB disease, scheduled for endoscopy today
4/15/05 1200	Adm H/H Dr Anderson called - endoscopy was neg, CAT / ultrasound suggest GB disease & stones, letting treated for this  D. OLSON, MD Clinical Director
	

000043

NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/7/05	Admin note: 24/10 126 0840 Interferes, 180 mg self administered by inmate 4/17/05 5 difficult. Tolerated well. Eric H. Eric Asp PA-C
4/13/05	(3) called by staff "Inmate stated his chest hurt and couldn't breath"; (2) m pt CAOX3; (2) Acute distress; Pain is mid-sternum non-radiating; Pain 8/10; States it is a pressure w/ swelling; (2) visual swelling noted; (+) redness from inmate rubbing area <sup>error</sup> right below sternum. Inmate (2) SOR; talking in full sentences; SpO2 on R.A. 99%, Pulse 84 Resp. 18; States hard to lay flat to sleep; moving around cell w/o any trouble; (2) Anxiety poss. or muscle pain (2) Assessment; Rest tonight, try to relax; Advised him this would be referred to DAY P.A. on 4/14/05. Inmate agreed /understood. B. Douthit EMT-P
	Reviewed by D. Olson, MD Date: 4/11/05
	B. Douthit, EMT-P FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
Moshier, Donald 10924-052		

Moshier, Donald  
10924-052

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRMR (41 CFR) 201-9.202-1

000044

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/05 0715 <i>(S/M)</i>	S: Emergency triage. Pt states that for the last two weeks off and on. Now for the past week it has been constant and the sharpness has increased. Now he states he can't sleep and is vomiting. Pain to "right between my ribs and shoots to my back" Pain level 10/10. BP: 142/80 (R) 130/70 (D) Temp: 96.8 Pulse 100 HEART: PERRLA, POM2, normal Heart: dRR Lungs: CTA bilateral 5 mm edges, nodes, chronic ESR bld Abd: soft, tender to percussion and palpation, (D) diffuse swelling, (D) fullness at L4/L5, (D) pain A: R/O pneumonitis P: (D) Education - continue care - Pt understands (D) Consult MD <i>Lisby He</i> Eric Asp PA-C 4/14/05 Addendum: 1025 Interferon 180 mg self injected by enema 3 diffinets tolerated well. <i>Lisby He</i> Eric Asp PA-C 25/m 4/14/05 000045

NSN 7540-00-634-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
3/24/05.		<p><i>Admin - Hep C tx</i></p> <p>(documentation of injection) 3/3 = #19/5</p> <p>1430 will verify received 3/10 = #20/6</p> <p>3/17 = #21/7</p> <p><i>Labs ALT 123</i></p> <p><i>WBC 1500</i></p> <p><i>Hct 37.7</i></p> <p><i>retct <math>82 \times 10^3</math> 0% neut 46.5</i></p> <p><i>Anc 69%</i></p> <p><i>At Hep C tx - counts are barely acceptable in regard to WBC ANC is ok - Proceed with tx</i></p> <p><i>1) monitor</i></p> <p><i>CBI wk</i></p>		
				

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE L4C Web	RECORDS MAINTAINED AT	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. <i>10924-052</i>	WARD NO. <i>000046</i>

*Donald Moshier*

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1

000046

DATE	SYMPOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/31/05	admin note! #2 5/9 H/323/31/05
0800	Interferon 180 mg self injected by inmate 5 difficulty. Tolerated well.
(SHU)	
	Eric Asp PA-C
	Eric Asp PA-C
	1030 H. BEAN, MD PCI MCKEAN
	CB - d/c after Th feeling ok
3/31/05	5/ C/D stabs lower leg. urge to & Boettcher
1430	d) looks to have gotten certain leg poxen - (The usual ulcer from stabs) also C/D pain in Qus lipoma as before
	ART 91
	use 1,900 Ave 1045
	HTT 37
	rect 80
	As satisfactory on 9/3 full dose Reg I
P1	<del>Recrease</del> 91, CB 3wks
	Betamethasone 0.1 mg bid #1 RF 2
	Re: 9/1/05 Date: 9/1/05 J. Olson, MD
	MM 3 H. BEAN, MD PCI MCKEAN
	000047

NBN 7840-00-834-4176

AUTHORIZED FOR  REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/3/05

Admin note #1815 ~~Re 3/3/05~~

0630h

Interferon 180 mcg A2A Dosed Ad. Self.

Robert E. Piotrowski, PA-C  
FCI McKeanH. BEAM, MD  
FCI MCKEAN

3/10/05

Admin note

#2016 ~~Re 3/3/05~~

0615h

Interferon A2A 80 mcg Ad. Self Dosed  
Tolerated well & durationRobert E. Piotrowski, PA-C  
FCI McKeanH. BEAM, MD  
FCI MCKEAN

## HOSPITAL OR MEDICAL FACILITY

## STATUS

## DEPART./SERVICE

## RECORDS MAINTAINED AT

FCI McKean

## SPONSOR'S NAME

## SSN/ID NO.

## RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

## REGISTER NO.

10924-052

## WARD NO.

Moshier, Donald

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRMR (41 CFR) 201-9.202-1

000048



IN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2/10/05	S: weekly interferon injections # 16 N.B.C. 2/15/05		
07/15	O: NAP exam deferred A: HCV (+) (# 2 @ full dose)		
	P: self administered 1 ml of interferon to abd SQ 5 difficulty: (2) flu in 1 week		
	<i>End of file</i> Eric Asp PA-C		
2/10/05 16/05	Admin due to lockdown w/4 not see pt. w/1 reschedule - 1/w/c also EBC & LFT's w/1 redrawn and monitored		
2/17/05 109/5hr	Administrative Note: chronic Hep. C Med. Admin. : Interferon Peginterferon Alpha-2A 180mcg - abdomen via tolerated well & prudent		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	REGISTER NO. 10924-052

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

WARD NO.

H. BEAM, MD  
FCI MCKEANRobert E. Piotrowski, PA-C  
FCI McLean

Moshier, Donald

10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000050

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

Admin - Institutional lockdown  
 Label: ACT 150 }  
 WBC 1,900 }  
 ANC 874 }  
 Hct 42.0 }  
 PLTct 94 }  
 Stable on  
 current dosing  
 FCI McKean  
 Hep C 6' 4" 160 lbs MHC

Will follow counts  
 & monitor progress

JH

H. BEAM, MD  
FCI MCKEAN

02/24/05 ③ Interferon Injection  
 16<sup>30</sup>  
 ② Hep C - Deferred  
 ④ Hep C

#18/4

① Self Admin - Interferon 1ml to Abd. w/o any problems.

B. Douthit, EMT-P

B. Douthit, EMT-P  
FCI McKean  
HVC  
DR. Web

Reviewed by D. Olson, MD

Date: 2/25/05

3/1/05 SI fever & shay 30 sec on per chart  
 3/2/05 ④ Cam c/b neck - warts + tyle  
 1430 ⑤ Lab work - fasoni ACT 172 WBC 1,600  
 ANC 963 Hct 37.8 PLT 79x10<sup>3</sup>

⑥ Tolerably increased dose PFT 1/25 by  
 (back to standard) (follow counts)  
 follow - PFT

Tylenol 500mg t/BID #30 RTF 12 000051

## MEDICAL RECORDS

## CHRONOLOGICAL RECORD

## MEDICAL CARE

DATE	SYMPTOMS, DISORDERS, PROBLEMS	SIS. TREATMENT, TREATING DR.	ACTION (Sign each checked)
	CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrinology ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other:		
11/10/05	<i>Hep cont'd ASTHMA GARD</i>		
11/10	SUBJECTIVE: (Chief Complaint)  Med. Compliance:		
	OBJECTIVE: (Review System) Age: 43 Sex: Male Race: B / P: 130/80 P: 70 Wt: 206 T: R / R: SO2%: Peak Flow:		
	HEENT: OK Heart: Serr Lungs: Clear Abdomen: Tenderness Genital / Rectal: Cystitis Extremities: Pitting Edema Neuro: Recent Lab Results: + edema ASSESSMENT(S):		Last Op / Opth. Eval.: Diabetic foot Screen Test Score: 100% Left Foot Diabetic foot Screen Test Score: 100% 10 4 7 9 8
	DSM IV Classification Axis I: Axis II: Axis III: allotropic stable	Axis IV: Axis V: GAF Score:	100% 100% 100% 100% 100% 100% 100% 100% 100% 100%
	Preventive Care: Tobacco Use: NO	Diet: Exercise:	
HOSPITAL OR MEDICAL FACILITY		Medication Side Effects:	
SPONSOR'S NAME		STATUS	DEPART. / SERVICE
		SSN / ID NO.	RECORDS MAINTAINED FCI McKean

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO.

WARD NO.

10924-052

CHRONOLOGICAL RECORD OF MEDICAL C.

Medical Record

STAN RD FORM 600 (REV. 6-97)  
 F. Issued by GSA / ICMR 000052  
 PL. 141 GFRP 2001 0004

Donald Moshier

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:	<i>edgy. trouble on the compound</i>									
	Patient Education:	<input type="checkbox"/> Discussed Test Results <input type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input type="checkbox"/> Instructed If Problems or if running-out-of-medication, should sign up for sick-call or send cop-out.									
	Diagnostic Studies:	<input checked="" type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input checked="" type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> TPSA <input type="checkbox"/> Viral Load <input checked="" type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:									
	Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>Weekly x 8</i>									
	Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:									
	Return to Clinic for routine Follow-Up on:	<i>1wks</i>									
	Treatments(s):	<i>(out of seq.) Peginterferon 2a 180mcg Sc &amp; w/c } 3mo          Ribavirin 600mg po Bid pill line }          Flecitulose 15cc Bid #1 RF 8          Doxycycline 100mg po Bid #100 RF2          Albuterol II puff Qid #1 RF 1          Bactrim one bid #1 RF 4          Betamethasone (oral) Bid #1 RF 4          Hydrocortisone 1% Cream Bid #1 RF 2          Omeprazole 20mg po QD #30 RF2          Tylenol 500mg # Bid #30 RF 2       </i>									
	Reviewed By:	<i>V. Geza, PharmD</i>									
		<i>000053 10/12/2007 AM MD</i>									